



UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND

**JUROR REIMBURSEMENT FORM**

Please bring this form with you each day that you report to the courthouse.

Printed Name of Juror: \_\_\_\_\_ Participant Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address of Juror: \_\_\_\_\_

DATE PRESENT	PARKING FEES	PUBLIC TRANSPORTATION	DAILY TOLLS	DAILY ROUND TRIP MILEAGE	LODGING ( if applicable)

Are you a Federal Government employee? (**Yes or No**): \_\_\_\_\_; if yes, are you a US Postal Service employee? (**Yes or No**): \_\_\_\_\_

BY SIGNING BELOW, I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT.

**Signature of Juror:** \_\_\_\_\_

**Rev. 8/11**

**For Official Use Only:** Received: \_\_\_\_\_ SSNV: \_\_\_\_\_